

CONFIRMATION OF INSURANCE		
Client Name	TOTAL AGGREGATES LIMITED	
Client Address	MELVYN ROBERT HOUSE WIGWAM LANE HUCKNALL NOTTINGHAM NG15 7SH	
Occupation/Type Of Business	AGGREGATE SUPPLY, REMOVAL AND PLANT HIRE	
Noted Interest	RAILHEAD AT SPALDING ROAD, BOSTON, LINCOLNSHIRE, PE21 8XL	
SECTION A - CONTRACTORS LIABILITY		
Insurer	ANTARES INSURANCE – SYNDICATE 1274	
Policy Number	OUM14/5289	
Period	09/06/2018 – 08/06/2019	
A1 – EMPLOYERS LIABILITY		
Limit Of Indemnity (any one accident)	£10,000,000	
A2 – PUBLIC LIABILITY		
Limit Of Indemnity (any one accident)	£5,000,000	
Excess (each & every claim including costs and expenses) Increasing to £2,500 in respect of underground services	£1,000	
A3 – PRODUCTS LIABILITY		
Limit Of Indemnity (any one accident and in all)	£5,000,000	
Excess (each & every claim including costs and expenses) Increasing to £2,500 in respect of underground services	£1,000	
SECTION B – PROFESSIONAL INDEMNITY		
Insurer	NOT INSURED	
Policy Number	NOT INSURED	
Period	NOT INSURED	
Limit Of Indemnity (any one claim & in all including defence costs)	NOT INSURED	
Excess (each & every claim)	NOT INSURED	
SECTION C – CONTRACTORS ALL RISKS		
Insurer	ANTARES INSURANCE – SYNDICATE 1274	
Policy Number	OUM14/5289	
Period	09/06/2018 – 08/06/2019	
Limit Of Indemnity (any one contract)	NOT INSURED	
Limit Of Indemnity (own plant – total sum insured)	£55,500	
Limit Of Indemnity (hired in plant – single item limit)	£250,000	
Excess (each & every claim loss)	£1,000	
SECTION D – NOTES		
<b>To Principal</b>  All Policies in force up to stated Renewal Dates General Principals' Clause &/or equivalent included Subject to Policy Terms, Conditions & Exceptions The above is correct at the date of signing Alterations/Cancellations may occur during the period	<b>To Contractor</b>  This document is sufficient evidence to your principal of the existence of the above insurance arrangements Please retain this original form and send copies to any principals	<b>Date: 01/06/2018</b> <b>Signed</b> 